



Rich Danker <rich@lonestarccommittee.com> on 02/18/2016 03:28:49 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,
cc:

Subject: FEC form 9

Please see attached FEC Form 9. Thank you,

Rich Danker
202-320-1800


LONE STAR
COMMITTEE
(512)-710-9821
1108 Lavaca St., #110-146



Austin, TX 78701 fecfrm9 NV.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Lone Star Committee

(b) Address (number and street) ☐ check if different than previously reported

1400 Key Blvd., Suite 100

(c) City, State and ZIP Code

Arlington, VA 22209

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement



New

or



Amended

4. Covering Period

02 / 20 / 2016

02 / 20 / 2016

2016

through

02 / 22 / 2016

02 / 22 / 2016

2016

5. (a) Date of Public Distribution(s)

02 / 20 / 2016

02 / 20 / 2016

2016

(b) Communication Title

"Reagan Had the Idea"

6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) ☐ Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐

No ☒

8. Custodian of Records

(a) Name

Rich Danker

(b) Address (number and street)

1400 Key Blvd., Suite 100

(c) City, State and ZIP Code

Arlington, VA 22209

(d) Name of Employer or Principal Place of Business

Lone Star Committee

(e) Occupation

Executive Director

9. Total Donations This Statement

157,000.00

10. Total Disbursements/Obligations This Statement

20,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Rich Danker

SIGNATURE

Rich Danker

DATE

02/18/16

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of 52 U.S.C. §30109

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

PAGE 2 OF 5

11. Person(s) Sharing/Exercising Control

A.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
B.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
C.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
D.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		
E.	(a) Name			
	(b) Address (number and street)			
	(c) City, State and ZIP Code			
	(d) Name of Employer or Principal Place of Business	(e) Occupation		

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 5

A. Full Name of Donor

Sean Fieler

Mailing Address of Donor

623 5TH AVE FL 27

City State Zip

NEW YORK NY 10022-6831

Date of Receipt

MM / DD / YYYY
02 / 02 / 2016

Amount

12,000.00

B. Full Name of Donor

Andrew Blackmon

Mailing Address of Donor

7479 Fox Chase Dr

City State Zip

Trinity, North Carolina 27370

Date of Receipt

MM / DD / YYYY
01 / 29 / 2016

Amount

2,500.00

C. Full Name of Donor

Keith White

Mailing Address of Donor

7837 Main Hwy

City State Zip

Saint Martinville LA 70582

Date of Receipt

MM / DD / YYYY
01 / 11 / 2016

Amount

25,000.00

D. Full Name of Donor

Grant Avery

Mailing Address of Donor

15543 South Frontage Rd

City State Zip

Plainfield IL 60544

Date of Receipt

MM / DD / YYYY
12 / 22 / 2015

Amount

1,000.00

E. Full Name of Donor

Industrial Performance Group

Mailing Address of Donor

PO Box 99

City State Zip

Thomasville NC 27361

Date of Receipt

MM / DD / YYYY
12 / 17 / 2015

Amount

100,000.00

SUBTOTAL of Donations This Page (optional) ▶

140,500.00

TOTAL This Period (last page this line number only) ▶
(carry total from last page to Line 9)

SCHEDULE 9-A
Donation(s) Received

PAGE 4 OF 5

A. Full Name of Donor Steven Rosenthal Mailing Address of Donor 3125 Cathedral Ave NW City State Zip Washington DC 20008-3420	Date of Receipt MM / DD / YYYY 12 / 11 / 2015 Amount 3,000.00
B. Full Name of Donor Parts Designs Inc. Mailing Address of Donor 17643 County Rd 10 City State Zip Bristol IN 46507	Date of Receipt MM / DD / YYYY 02 / 16 / 2016 Amount 2,500.00
C. Full Name of Donor Lionshead Specialty Tire & Wheel, LLC Mailing Address of Donor 827 E. Lincoln Ave. City State Zip Goshen IN 42568	Date of Receipt MM / DD / YYYY 02 / 16 / 2016 Amount 11,000.00
D. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt MM / DD / YYYY Amount
E. Full Name of Donor Mailing Address of Donor City State Zip	Date of Receipt MM / DD / YYYY Amount

SUBTOTAL of Donations This Page (optional)

16,500.00

TOTAL This Period (last page this line number only)
(carry total from last page to Line 9)

157,000.00

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

PAGE 5 OF 5

A. Full Name (Last, First, Middle Initial) of Payee Elliott Curson Advertising		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 02 / 18 / 2016 </div>	
Mailing Address of Payee 1900 Rittenhouse Square		Amount <div style="border: 1px solid black; padding: 2px;"> \$ _____ 20,000.00 </div>	
City Philadelphia, PA 19103	State PA	Communication Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY 02 / 20 / 2016 </div>	
Name of Employer _____		Occupation _____	
Purpose of Disbursement (Including title(s) of communication(s)) Radio commercial: "Reagan Had the Idea."			
Name of Federal Candidate Ted Cruz	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: NV District: _____	Disbursement/Obligation For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
B. Full Name (Last, First, Middle Initial) of Payee _____		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY _____ / _____ / _____ </div>	
Mailing Address of Payee _____		Amount <div style="border: 1px solid black; padding: 2px;"> \$ _____ _____ </div>	
City _____	State _____	Communication Date <div style="border: 1px solid black; padding: 2px;"> MM / DD / YYYY _____ / _____ / _____ </div>	
Name of Employer _____	Occupation _____		
Purpose of Disbursement (Including title(s) of communication(s)) _____			
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate _____	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		<div style="border: 1px solid black; padding: 2px;"> \$ _____ 20,000.00 </div>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		<div style="border: 1px solid black; padding: 2px;"> \$ _____ 20,000.00 </div>	

Via E-Mail

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-mail</i>	Date of Receipt or Postmarked <i>2/18/2014</i>
<i>Oh</i> PREPARER	<i>2/19/2014</i> DATE PREPARED